

# EXHIBIT 1

46 This **Spectrum Policy** consists of the Declarations, Coverage Forms, Common Policy Conditions and any  
40 other Forms and Endorsements issued to be a part of the Policy. This insurance is provided by the stock  
IN insurance company of The Hartford Insurance Group shown below.

SBA

**INSURER:** TWIN CITY FIRE INSURANCE COMPANY  
8910 PURDUE RD, INDIANAPOLIS, IN 46268  
**COMPANY CODE:** 7

**Policy Number:** 13 SBA IN4046 DW



## SPECTRUM POLICY DECLARATIONS

**Named Insured and Mailing Address:** ATCM OPTICAL, INC.  
(No., Street, Town, State, Zip Code) SEE FORM SS 12 35  
3212 W CHELTENHAM AVE  
PHILADELPHIA PA 19150

**Policy Period:** From 07/20/19 To 07/20/20 1 YEAR  
12:01 a.m., Standard time at your mailing address shown above. **Exception:** 12 noon in New Hampshire.

**Name of Agent/Broker:** STREETSMART RISK MANAGERS INC/PHS  
**Code:** 653284

**Previous Policy Number:** 13 SBA IN4046

**Named Insured is:** CORPORATION

**Audit Period:** NON-AUDITABLE

**Type of Property Coverage:** SPECIAL

**Insurance Provided:** In return for the payment of the premium and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy.

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**TOTAL ANNUAL PREMIUM IS:** \$6,274

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Countersigned by *Suean L. Castaneda*  
Authorized Representative

05/07/19  
Date

## SPECTRUM POLICY DECLARATIONS (Continued)

**POLICY NUMBER:** 13 SBA IN4046

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

**Location:** 001      **Building:** 001

3212 W CHELTENHAM AVE  
PHILADELPHIA      PA 19150

**Description of Business:**

Optical Goods Store

**Deductible:** \$ 250 PER OCCURRENCE

### BUILDING AND BUSINESS PERSONAL PROPERTY LIMITS OF INSURANCE

#### BUILDING

NO COVERAGE

#### BUSINESS PERSONAL PROPERTY

**REPLACEMENT COST**      \$ 205,400

#### PERSONAL PROPERTY OF OTHERS

**REPLACEMENT COST**      NO COVERAGE

#### MONEY AND SECURITIES

INSIDE THE PREMISES      \$ 10,000  
OUTSIDE THE PREMISES      \$ 5,000

## SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 13 SBA IN4046

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 001      Building: 001

### PROPERTY OPTIONAL COVERAGES APPLICABLE    LIMITS OF INSURANCE TO THIS LOCATION

BACK-UP OF SEWERS AND DRAINS      \$    25,000  
COVERAGE FORM SS 04 53

STRETCH COVERAGES  
FORM: SS 04 08  
THIS FORM INCLUDES MANY ADDITIONAL  
COVERAGES AND EXTENSIONS OF  
COVERAGES. A SUMMARY OF THE  
COVERAGE LIMITS IS ATTACHED.

LIMITED FUNGI, BACTERIA OR VIRUS      \$    50,000  
COVERAGE:  
FORM SS 40 93  
THIS IS THE MAXIMUM AMOUNT OF  
INSURANCE FOR THIS COVERAGE,  
SUBJECT TO ALL PROPERTY LIMITS  
FOUND ELSEWHERE ON THIS  
DECLARATION.  
INCLUDING BUSINESS INCOME AND EXTRA  
EXPENSE COVERAGE FOR:      30 DAYS

## SPECTRUM POLICY DECLARATIONS (Continued)

**POLICY NUMBER:** 13 SBA IN4046

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

**Location:** 002      **Building:** 001

1701 JOHN F KENNEDY BLVD  
PHILADELPHIA      PA 19103

**Description of Business:**

Optical Goods Store

**Deductible:** \$ 250 PER OCCURRENCE

### BUILDING AND BUSINESS PERSONAL PROPERTY LIMITS OF INSURANCE

#### BUILDING

NO COVERAGE

#### BUSINESS PERSONAL PROPERTY

**REPLACEMENT COST**      \$ 205,400

#### PERSONAL PROPERTY OF OTHERS

**REPLACEMENT COST**      NO COVERAGE

#### MONEY AND SECURITIES

INSIDE THE PREMISES      \$ 10,000  
OUTSIDE THE PREMISES      \$ 5,000

## SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 13 SBA IN4046

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 002      Building: 001

### PROPERTY OPTIONAL COVERAGES APPLICABLE    LIMITS OF INSURANCE TO THIS LOCATION

BACK-UP OF SEWERS AND DRAINS      \$    25,000  
COVERAGE FORM SS 04 53

STRETCH COVERAGES  
FORM: SS 04 08  
THIS FORM INCLUDES MANY ADDITIONAL  
COVERAGES AND EXTENSIONS OF  
COVERAGES. A SUMMARY OF THE  
COVERAGE LIMITS IS ATTACHED.

LIMITED FUNGI, BACTERIA OR VIRUS      \$    50,000  
COVERAGE:  
FORM SS 40 93  
THIS IS THE MAXIMUM AMOUNT OF  
INSURANCE FOR THIS COVERAGE,  
SUBJECT TO ALL PROPERTY LIMITS  
FOUND ELSEWHERE ON THIS  
DECLARATION.  
INCLUDING BUSINESS INCOME AND EXTRA  
EXPENSE COVERAGE FOR:      30 DAYS

## SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 13 SBA IN4046

### PROPERTY OPTIONAL COVERAGES APPLICABLE TO ALL LOCATIONS LIMITS OF INSURANCE

ACCOUNTS RECEIVABLE FORM SS 04 39 DEDUCTIBLE: \$ 250	\$ 50,000
BUSINESS INCOME AND EXTRA EXPENSE COVERAGE COVERAGE INCLUDES THE FOLLOWING COVERAGE EXTENSIONS:	12 MONTHS ACTUAL LOSS SUSTAINED
ACTION OF CIVIL AUTHORITY:	30 DAYS
EXTENDED BUSINESS INCOME:	30 CONSECUTIVE DAYS
OUTDOOR SIGNS FORM SS 04 44 REPLACEMENT COST	\$ 15,000
EMPLOYEE DISHONESTY: FORM SS 04 42 DEDUCTIBLE: \$ 100 EACH OCCURRENCE	\$ 10,000
EQUIPMENT BREAKDOWN COVERAGE COVERAGE FOR DIRECT PHYSICAL LOSS DUE TO: MECHANICAL BREAKDOWN, ARTIFICIALLY GENERATED CURRENT AND STEAM EXPLOSION	
THIS ADDITIONAL COVERAGE INCLUDES THE FOLLOWING EXTENSIONS	
HAZARDOUS SUBSTANCES	\$ 50,000
EXPEDITING EXPENSES	\$ 50,000
MECHANICAL BREAKDOWN COVERAGE ONLY APPLIES WHEN BUILDING OR BUSINESS PERSONAL PROPERTY IS SELECTED ON THE POLICY	
IDENTITY RECOVERY COVERAGE FORM SS 41 12	\$ 15,000

**SPECTRUM POLICY DECLARATIONS (Continued)**

POLICY NUMBER: 13 SBA IN4046

BUSINESS LIABILITY	LIMITS OF INSURANCE
LIABILITY AND MEDICAL EXPENSES	\$1,000,000
MEDICAL EXPENSES - ANY ONE PERSON	\$ 10,000
PERSONAL AND ADVERTISING INJURY	\$1,000,000
DAMAGES TO PREMISES RENTED TO YOU ANY ONE PREMISES	\$1,000,000
AGGREGATE LIMITS	
PRODUCTS-COMPLETED OPERATIONS	\$2,000,000
GENERAL AGGREGATE	\$2,000,000
EMPLOYMENT PRACTICES LIABILITY	
COVERAGE: FORM SS 09 01	
EACH CLAIM LIMIT	\$ 10,000
DEDUCTIBLE - EACH CLAIM LIMIT	
NOT APPLICABLE	
AGGREGATE LIMIT	\$ 10,000
RETROACTIVE DATE: 07202016	

This **Employment Practices Liability Coverage** contains claims made coverage. Except as may be otherwise provided herein, specified coverages of this insurance are limited generally to liability for injuries for which claims are first made against the insured while the insurance is in force. Please read and review the insurance carefully and discuss the coverage with your Hartford Agent or Broker.

The Limits of Insurance stated in this Declarations will be reduced, and may be completely exhausted, by the payment of "defense expense" and, in such event, The Company will not be obligated to pay any further "defense expense" or sums which the insured is or may become legally obligated to pay as "damages".

BUSINESS LIABILITY OPTIONAL  
COVERAGESEMPLOYEE BENEFITS LIABILITY  
COVERAGE: FORM SS 40 50

EACH CLAIM	\$1,000,000
AGGREGATE	\$2,000,000



## **SPECTRUM POLICY DECLARATIONS (Continued)**

**POLICY NUMBER:** 13 SBA IN4046

### **BUSINESS LIABILITY OPTIONAL COVERAGES (Continued)**

### **LIMITS OF INSURANCE**

**CYBERFLEX COVERAGE**  
**FORM SS 40 26**

**UNMANNED AIRCRAFT LIABILITY**  
**FORM: SS 42 06**

## **SPECTRUM POLICY DECLARATIONS (Continued)**

**POLICY NUMBER:** 13 SBA IN4046

**ADDITIONAL INSURED:** THE FOLLOWING ARE ADDITIONAL INSURED FOR BUSINESS  
LIABILITY COVERAGE IN THIS POLICY.

**LOCATION** 002 BUILDING 001

**TYPE** MANAGER LESSOR

**NAME** SEE FORM IH 12 00

## SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 13 SBA IN4046

### Form Numbers of Forms and Endorsements that apply:

SS 00 01 03 14	SS 00 05 10 08	SS 00 07 07 05	SS 00 08 04 05
SS 00 60 09 15	SS 00 61 09 15	SS 00 64 09 16	SS 84 01 09 07
SS 12 35 03 12	SS 01 25 07 08	SS 42 06 03 17	SS 04 08 09 07
SS 04 19 04 09	SS 04 22 07 05	SS 04 30 07 05	SS 04 39 07 05
SS 04 41 03 18	SS 04 42 03 17	SS 04 44 07 05	SS 04 45 07 05
SS 04 46 09 14	SS 04 47 04 09	SS 04 53 02 11	SS 04 80 03 00
SS 04 86 03 00	SS 40 18 07 05	SS 40 26 03 17	SS 40 50 10 08
SS 40 93 07 05	SS 41 12 12 17	SS 41 51 10 09	SS 41 63 06 11
IH 10 01 09 86	SS 05 47 09 15	SS 50 04 06 04	SS 51 11 03 17
SS 09 01 12 14	SS 09 18 12 14	SS 09 67 09 14	SS 09 70 12 14
SS 09 71 12 14	SS 50 19 01 15	IH 99 40 04 09	IH 99 41 04 09
SS 83 76 01 15	SS 89 93 07 16		
IH 12 00 11 85	ADDITIONAL INSURED - MANAGER/LESSOR		